



Annual 2008 VA/DoD Joint Venture Conference

Joint Market Opportunities Work Group Update

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Overview

- Joint Executive Council Directive
 - Assess current DoD/VA joint ventures (Phase I) and next future possible joint markets (Phase – II)
- Goal
 - Co-locate/Co-manage Selected DoD/VA Facilities Where Demand and Economy of Scale Can Be Optimized
- Objectives
 - Increased access for patients;
 - Improved efficiency;
 - Reduced duplication of services;
 - Reduced infrastructure, where possible; and
 - Mitigating the effect of deployment on access to healthcare.



Status



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- Phase I – Completed
 - JMO Work Group studied/visited the eight established joint venture sites
 - Data was collected with respect to clinical and business operations, identified markets, the demand and opportunities in those markets, governance, and the management models in place
 - Phase II – First visit conducted Feb 2008
 - Keesler AFB/Biloxi VAMC
 - Naval Hospital Pensacola/Pensacola VAMC
 - Eglin AFB
 - Tyndall AFB



Joint Ventures Studied in Phase I



- **Anchorage, Alaska**
3rd Medical Group, Elmendorf AFB/Alaska VA Health Care System
- **North Chicago, Illinois**
Naval Health Clinic-Great Lakes/North Chicago VA Medical Center
- **Honolulu, Hawaii**
Tripler Army Medical Center/VA Pacific Islands Health Care System (Spark M. Matsunaga Medical Center)
- **Key West, Florida**
Naval Branch Health Clinic Key West/Miami VA Health Care System
(Community Based Outpatient Clinic)
- **El Paso, Texas**
William Beaumont Army Medical Center/El Paso VA Health Care System
- **Fairfield, California**
David Grant Medical Center, 60th Medical Group, Travis AFB/Northern California VA Health Care System
- **Las Vegas, Nevada**
99th Medical Group, Nellis AFB/VA Southern Nevada Health Care System
(Michael O'Callaghan Federal Hospital)
- **Albuquerque, New Mexico**
377th Medical Group, Kirtland AFB/New Mexico VA Health Care System



Domain-Based Interview Tool

	Separated (1)	Coordinated (2)	Connected (3)	Integrated (4)	Consolidated (5)
Clinical Services	Insignificant referrals	Regular communications	High numbers of referrals	Significant number of referrals as one	Protocol-driven placement of all patients
Facilities	Distant	Some sharing where duplication exists	Projects & facilities come from master planning	Many departments share space	One facility or set of facilities
Staffing	Distinct	Support in peaks and valleys	Joint staff planning	Multiple examples of single/joint staffing	Single staffing
Business Processes	Different	Reduce barriers	Work flows understood & acted on	Transparent	Single system
Management/ Governance	No Relation	Joint planning sessions	Some overlap of key functions	Significant overlap of key functions	One governance & management structure
IM/IT	Separate systems	Evidence of “E” exchange of info	Moving toward systems interface	Complete interoperability	One system
Logistics	Little if any exchange	Borrowing, bartering and contractual exchange	Mutual examination of best pricing and service	Selective joint contracting of major areas of procurement	One supply chain



Current Collaboration Levels

	Separated (1)	Coordinated (2)	Connected (3)	Integrated (4)	Consolidated (5)
Clinical Services	Insignificant referrals	Regular communications	High numbers of referrals	Significant number of referrals as one	Protocol-driven placement of all patients
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Proposed Targets

	Separated (1)	Coordinated (2)	Connected (3)	Integrated (4)	Consolidated (5)
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Key Accomplishments ~~Identified in Phase I~~

- Fully integrated staffing in some patient care areas
- Use of Joint Incentive Fund process
- Joint committee structures
- Patient care applied equally regardless of type of beneficiary
- Shared training, orientation, and contingency planning exercises



Key Accomplishments ~~Identified in Phase I~~

- Joint Referral/Business Office streamlined access to care, workload accounting and itemized billing
- Access to military base for veterans
- Local workaround solutions for IT and billing
- Hiring temporary staff for other Departments



Key Challenges Identified in Phase I



- IM/IT
 - Lack of a single integrated view of patient information
 - Lack of training/knowledge of available applications
- Staffing
 - Shortages
 - Deployment
 - Hiring
 - Limited use of Title 38 benefits for DoD



Key Challenges Identified in Phase I



- Leadership
 - Lack of/or unclear Department-level guidance and expectations on:
 - Joint Venture Requirements-Goals/Objectives
 - Training on Joint Ventures for senior leaders
- Financial Management
 - Bartering
 - Lack of incentives to share



Phase I Conclusions



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- Can joint ventures/markets:
 - Maintain or increase access to care?
 - Reduce infrastructure?
 - Improve efficiency?
 - Strengthen provider practices and quality?
 - Mitigate impact of deployment?
 - Answer = Yes, if:
 - There is high-level commitment
 - Major issues are resolved



Next Steps

- Approved by the JEC
 - Issue a Joint DoD/VA Policy letter
 - HEC Joint Operations Steering Committee will monitor progress
 - Work issues through HEC Work Groups
- NDAA 08 language addresses Title 38 issue



Addressing Department Level Challenges

- Identify guidance and expectations, factors for JV success, and performance measures
 - Responsibility of the Sharing Offices under the auspices of JFSG
- Review bartering, cost analyses procedures, billing and claims
 - Responsibility of the JFM WG
- Explore Joint Primary Source Verification
 - Responsibility of the GME WG



Addressing Department Level Challenges

- Develop joint annual required training programs, for example, HIPAA, Security, Privacy, Ethics, etc.
 - Responsibility of the Continuing Education and Training Workgroup
 - Permission received for JV sites to issue training cards to non-DoD students
- Sharing Lessons Learned
 - Responsibility of the Continuing Education and Training Workgroup



Exploring Local Opportunities



- Pursue Joint Incentive Fund process to initiate joint programs
- Explore joint training opportunities at the local level
- Review the seven domains for additional sharing opportunities
- Develop joint websites and marketing programs
- Collect and share Lessons Learned
 - Here at the Joint Venture Conference
 - Published in the DoD/VA Good Newsletter
 - Looking at establishing a “library” for local lessons learned, building on the DSS lessons learned



Next Steps

- Conduct Phase II Studies
 - February 12 -15—Gulf Coast
 - March 17 -21—San Diego
 - April 14 -18—Charleston
 - April 28 - May 2—Puget Sound
 - May 12 -16—Denver
- Report to JEC: July 2008